Case No.	09-10176	
	(if known)	

AMENDED 4/24/2009 SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPI ITED	AMOUNT OF CLAIM
ACCT #: xxx4053 Ace Cash Express 1231 Greenway Drive Ste 700 Irving, TX 75038		С	DATE INCURRED: CONSIDERATION: Payday Loan REMARKS:				\$685.00
ACCT #: Advance America 601 S. Grady Way, Ste K Renton, WA 98057		С	DATE INCURRED: CONSIDERATION: Payday Loan REMARKS:				\$455.00
ACCT #: xxxxx0216 Associated Emergency Physicians PO Box 24584 Seattle, WA 98124-0584		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$80.00
ACCT #: xxxxxxxxxx7202 Beneficial PO Box 5240 Carol Stream, IL 60197-5240	-	С	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$595.00
ACCT #: xxxxxxxx2539 Capital 1 Bank Attn: C/O TSYS Debt Management PO Box 5155 Norcross, GA 30091	-	С	DATE INCURRED: 02/2008 CONSIDERATION: Credit Card REMARKS:				\$1,023.00
ACCT #: xxxxxxxxxxxx1101 Citi Flex PO Box 6241 Sioux Falls, SD 57117	-	С	DATE INCURRED: 12/2007 CONSIDERATION: Check Credit or Line of Credit REMARKS:				\$7,127.00
5continuation sheets attached	1	(Rep	(Use only on last page of the completed Sch port also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Relate	T edu	ota ıle n th	l > F.) ne	

Case No. <u>09-10176</u> (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	CHI INSIG	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx2946 Citibank USA Attn.: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64195		С	DATE INCURRED: 07/2005 CONSIDERATION: Charge Account REMARKS: Home Depot Credit Services					\$159.00
ACCT #: xxxxx0901 Credit First PO Box 818011 Cleveland, OH 44181		С	DATE INCURRED: 10/2004 CONSIDERATION: Charge Account REMARKS:					\$18.00
ACCT #: xxxxxxxxxx7202 HFC Attn.: Bankruptcy 961 Weigel Dr Elmhurst, IL 60126		С	DATE INCURRED: 06/2007 CONSIDERATION: Check Credit or Line of Credit REMARKS:					\$9,216.00
ACCT #: xxxx-xxxx-9413 Hsbc Bank PO Box 5253 Carol Stream, IL 60197		С	DATE INCURRED: 09/2007 CONSIDERATION: Credit Card REMARKS:					\$1,351.48
Representing: Hsbc Bank			ARM PO Box 129 Thorofare, NJ 08086-0129					Notice Only
ACCT #: xxxxxxxx2126 Hsbc Bank PO Box 5253 Carol Stream, IL 60197		С	DATE INCURRED: 09/2007 CONSIDERATION: Credit Card REMARKS:					\$846.00
Sheet no)	\$11,590.48

Case No.	09-10176	
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCT #: xxxxx41N1 Landmark Svc 777 108th Ave Ne Bellevue, WA 98004		С	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS:				\$303.00
ACCT #: xxxxxxxx8206 Lowes / MBGA Attention: Bankruptcy Department PO Box 103106 Roswell, GA 30076		С	DATE INCURRED: 09/2007 CONSIDERATION: Charge Account REMARKS:				\$230.00
ACCT #: xxxxxxxxx7320 Macys Attn: Bankruptcy PO Box 8053 Mason, OH 45040		С	DATE INCURRED: 07/2006 CONSIDERATION: Charge Account REMARKS:				\$617.00
ACCT #: Money Mart c/o NCS PO Box 3002 17704 134th Ave NE Woodinville, WA 98072-3002		С	DATE INCURRED: CONSIDERATION: Payday Loan REMARKS:				\$0.00
ACCT #: Moneytree PO Box 58363 Seattle, WA 98138		С	DATE INCURRED: CONSIDERATION: Payday Loan REMARKS:				\$620.00
ACCT #: NCO Financial PO Box 61247, Dept 64 Virginia Beach, VA 23466		С	DATE INCURRED: CONSIDERATION: Collection REMARKS:				Notice Only
Sheet no. 2 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							\$1,770.00

Case No. <u>09-10176</u> (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	FIATIONE	LINITOLINATED	DISPLITED	AMOUNT OF CLAIM
ACCT #: Paclab PO Box 2670 Spokane, WA 99220-2670		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$300.00
ACCT #: Ricardo Beltran 2108 Blaine Ave S. Renton, WA 98055		С	DATE INCURRED: CONSIDERATION: Personal Loan REMARKS:				\$300,000.00
ACCT #: xxxxxxxxxxxxxxxxxxxxxxx0501 Sallie Mae Attn: Claims Dept PO Box 9500 Wilkes Barre, PA 18773	x	С	DATE INCURRED: 05/2008 CONSIDERATION: Educational REMARKS: Co-signed for God-son on student loan				\$3,685.00
ACCT #: xxxxxxxx7062 Sams Club Attention: Bankruptcy Department PO Box 103104 Roswell, GA 30076	-	С	DATE INCURRED: 02/2004 CONSIDERATION: Charge Account REMARKS:				\$1,426.00
ACCT#: xxxxxxxxxxxx9548 Sears/cbsd PO Box 6189 Sioux Falls, SD 57117		С	DATE INCURRED: 05/2008 CONSIDERATION: Credit Card REMARKS:				\$2,015.00
ACCT#: xxxxxxxx3698 US Bank Hogan LOC PO Box 5227 Cincinnati, OH 45201	-	С	DATE INCURRED: 06/2006 CONSIDERATION: Check Credit or Line of Credit REMARKS:				\$965.59
Sheet no. 3 of 5 continuation sheets attached to Subtotal > Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

Case No. <u>09-10176</u> (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	USPI ITED	
ACCT #: xxxx-xxxxxxx0103 Valley Medical Center 400 South 43rd Street Renton, WA 98055-5010		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$7,565.20
ACCT #: xxxxxxxxx657-1 Valley Radiologiest PO Box 3756 Seattle, WA 98124-3756		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$125.36
ACCT #: xxx-xx-39-80 Virginia Mason Medical Center PO Box 34924 Seattle, WA 98124-1924		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$397.00
Representing: Virginia Mason Medical Center			Computer Credit Inc. 2525 East 29th Ave #10B-1000 Spokane, WA 99223-4857				Notice Only
ACCT #: xxxxxxxxxxx6482 Visdsnb Bankruptcy 6356 Corley Rd Norcross, GA 30071	-	С	DATE INCURRED: 07/2007 CONSIDERATION: Credit Card REMARKS:				\$1,256.00
ACCT #: xxxxxxxxx0078 Wf Fin Bank PO Box 182273 Columbus, OH 43218		С	DATE INCURRED: CONSIDERATION: Credit Card REMARKS: 01/2008				\$1,742.00
Sheet no. 4 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.))	

Case No. <u>09-10176</u> (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx2030 Wf Fin Bank/Wells Fargo Financial Attn: Bankruptcy Dept 2143 East Convention Center Way #200 Ontario, CA 91764		С	DATE INCURRED: 02/2008 CONSIDERATION: Credit Card REMARKS:				\$3,856.00
Ontailo, OA 317 64							
Sheet no5 of5 continuation sheets attached to Subtotal > Schedule of Creditors Holding Unsecured Nonpriority Claims Total >						l >	\$3,856.00 \$346,658.63
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							